

COUNTY OF SONOMA

Employee Hazard Report



Complete the top portion and provide to your supervisor or manager.

Employee Hazard Information	1. Date of Hazard Report:	2. Location of Hazard:
	3. Employee Name: (Optional)	4. Name of Supervisor Hazard Report Submitted to:
	5. Describe the hazard: (Attach additional pages, details, documents, photos, etc.)	
Supervisor's Use Only	For Supervisor Use	
	7. Review the Employee Hazard Report procedure to obtain applicable timelines and complete this form. Investigate and analyze the reported hazard. Review your conclusions with your manager and Department Safety Coordinator or designee. Record your analysis and response below:	
	8. Manager's Name:	9. Date reviewed with Manager:
	10. Department Safety Coordinator's Name:	11. Date reviewed with Safety Coordinator:
12. Responding Supervisor:	13. Date response to employee: (if not anonymous)	